**Arizona S Corporation Income Tax Return ARIZONA FORM** 120S CHECK ONE For taxable year beginning MM\_/\_DD\_/YYYY, and ending MM\_/\_DD\_/YYYY. Original Amended CHECK ONE Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079 Calendar year Fiscal year Name Federal employer ID number (FEIN) Business telephone number Please print AZ withholding tax number Number and street or type Business activity code number (from federal Form 1120S) City or town, state and ZIP code AZ transaction privilege tax number For DOR use only 69 Check box if: This is a first return Name change Address change A Is this the corporation's final Arizona return? If ves. check one: Dissolved Withdrawn List FEIN of the successor corporation, if any Does the S corporation conduct business within and without Arizona? C Will a composite return be filed on Form 140NR? Yes Total number of nonresident individual shareholders 66 Total number of resident individual shareholders 81 Total number of entity shareholders (See instruction page 3) CHECK BOX IF: 82 Federal extension used to file return. 00 Total distributive income (loss) - from federal Form 1120S, Schedule K COMPLETE LINES 2-11 ONLY IF THE S CORPORATION HAS EXCESS NET PASSIVE INCOME OR CAPITAL GAINS/BUILT-IN GAINS. AN S CORPORATION THAT IS NOT REQUIRED TO COMPLETE LINES 2-11 MUST COMPLETE LINES 12-34 IF THE S CORPORATION HAS A TAX LIABILITY FROM THE RECAPTURE OF TAX CREDITS. 2 Excess net passive income 00 Capital gains/built-in gains 3 3 Total federal income subject to corporate income tax - add lines 2 and 3. WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11 ...... 00 4 5 Nonapportionable or allocable income - attach schedule. MULTISTATE S CORPORATIONS ONLY ...... 00 6 Apportionable income - subtract line 5 from line 4. Multistate corporations only 00 7 Income apportioned to Arizona - line 6 multiplied by line 7. Multistate corporations only 8 8 00 Other income allocated to Arizona - attach schedule. Multistate corporations only 9 00 10 Total income attributable to Arizona - add lines 8 and 9 00 Net income subject to Arizona corporate income tax. Wholly Arizona S corporations - enter amount from line 4. Multistate S corporations - enter amount from line 10. 11 00 Enter tax - see instructions before completing this line 12 00 Tax from recapture of credits - from Arizona Form 300, Part II 13 00 14 Subtotal - add lines 12 and 13 00 Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 14) by \$5. 15 00 Tax credits - from Arizona Form 300, Part II 16 00 16 17 18 Subtotal - subtract the sum of lines 15 and 16 from line 14. 18 00 19 Correctional industries recapture tax - from Arizona Form 300, Part II 19 00 20 Tax liability - add lines 18 and 19 20 00 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE 00 22 Tax liability after Clean Election Fund credit - subtract line 21 from line 20 00 23 24 25 Total payments - add lines 23 and 24. Amended returns - see instructions ..... 00

Balance of tax due - If line 22 is larger than line 25, enter balance of tax due. Skip line 27 .....

Overpayment of tax - If line 25 is larger than line 22, enter overpayment of tax

Penalty and interest ......

OVERPAYMENT - see instructions

Amount to be refunded - subtract line 33 from line 32

Donation to Citizens Clean Elections Fund - see instructions ......

TOTAL DUE - payment must accompany return

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orm 1205 (19 - Schedule A	Other Information			
	usiness began in Arizona or date income was first derived from Arizona source	os MM / DD / VVVV		
	is at which tax records are located for audit purposes:			
the dis	cpayer designates the individual listed below as the person to contact for information to this individual.	·		
A4 List pri	and titleor taxable years for which a federal examination has been finalized	Pnone # ()		
NOTE				
cover t	ARS § 43-327 requires the taxpayer, within ninety days after final determinal of the Arizona Department of Revenue or to file amended returns reporting the	ese changes.		
	al business activity Product or s	Service		
	Amount of net income subject to Arizona corporate income tax for prior taxable year (1998 Form 120S, line 11)			
Schedule B	- Apportionment Formula (Multistate S Corporations Only)			
The following	information must be submitted by all S corporations having income from souries a double-weighted sales factor. See instructions on pages 8 and 9 bef			B1(a) through B1(f).
Anzona requ	nes a double-weighted sales factor. <b>See instructions on pages 6 and 9 ber</b>			
		<b>(a)</b> Total	<b>(b)</b> Total	(c) Ratio within
		within	everywhere	Arizona
	yearly value of real and tangible personal property:	Arizona	,	(a) / (b)
	ory			
	ciable assets - at original cost			
	describe			
	- describe			
	construction in progressonbusiness property			
	nual rent paid for leased property, multiplied by 8			
-	real and tangible personal property used			
	alaries, commissions and other compensation of employees			
	per federal Form 1120 or payroll reports			
	sales, less returns and allowances			
	delivered or shipped to Arizona purchasers			,
	gross receipts (rents, royalties, interest, etc.)			
	sales within Arizona			
	e weight sales factor			
	factor ratio. For column (a), multiply line B3(d) by line B3(e);			
for co	lumn (b), add lines B3(a) and B3(c)			
<b>B4</b> Total ratio	o - add lines B1(h), B2 and B3(f), in column (c)			
B5 Average	ratio - divide line B4 by four (4). Enter the result in column (c)			
and on pa	age 1, line 7			
Schedule C -	Shareholder Information			
List each sha	areholder's name, address, TIN, and pro rata share of income or loss. A	attach Schedule C immediat	ely after page 2 of the	e Form 120S.
Certification	The following certification must be signed by one or more of the following office	ers (president, treasurer, or any o	ther principal officer).	
	Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign schedules and statements, and to the best of my (our) knowledge and belief, i pursuant to the income tax laws of the State of Arizona.			
				1
Please	Officer's signature	Title		Date
Sign Here	Officer's signature			Date
_		11110		2410
Paid		1		
Preparer's Use Only	Preparer's signature	Date		
	Firmly name (or proposale if self-ample and)		Decreased 3	TINI
	Firm's name (or preparer's, if self-employed)		Preparer's T	IIV
	Firm's address		ZIP code	